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FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H21627 (5)

1. Corporation Name  
HCA FAMILY CARE CENTER, INC.

Principal Place of Business

ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE TN 37203  
US

Mailing Address

~~P.O. BOX 570~~  
~~ATTN: TAX DEPT.~~  
~~NASHVILLE TN 37202-0570~~  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 PO Box 750

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

09/18/1984

3a. Date of Last Report

04/26/1996

4. FEI Number

~~02-1253830~~ 59-2633845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	MOEN, DANIEL J.	<input checked="" type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	D	BRAUN, STEPHEN T.	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	DT	<del>COLBY, DAVID C.</del>	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	DSV	<del>SCHWEINHART, RICHARD A.</del>	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	VAT	ANDERSON, DAVID G	<input type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			
TITLE	V	R. MILTON JOHNSON	<input checked="" type="checkbox"/> DELETE
NAME		ONE PARK PLAZA	
STREET ADDRESS		NASHVILLE TN	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dorahay, Kenneth
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elton, Rosalyn
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Franklin, John M.
6.3 STREET ADDRESS	One Park Plaza
6.4 CITY - ST - ZIP	Nashville TN 37203

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-97

CR2E034 (9/96)